ENTAL HEALT 3404916 CROSSROADS REHA VIORAL HEAL	#IGH DENIAL FÖRS 21 8534 8500		S CHECKBRITE SUMMARY REPORT HECKERITE DATE: 06/10/2008 PINANCIAL PAYER: NCDMS DESCRIPTION DUPLICATE OF CLAIM-SYSTEM SERVICE FACILITY LOCATION IS N OT A VALID LPAS ATTENDINO PROVIDER, OR THE NOT PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	TNC DENIALS 4		FINALIZED	TOTAL CLAIMS PAID
NUMBER PROVIDER NAME 3404901 SMOKY MOUNTAINM H/DD/SAS 3404904 WESTERN HIGHLAN DS LME 3404904 PATHWAYS 3404910 PATHWAYS 3404910 PATHWAYS 3404911 CATAWBA COUNTYN ENTAL HEALT 3404912 CATAWBA COUNTYN ENTAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT	EORS 21 8534 8600	NUMBER OF DENTALS 1553 1151	FINANCIAL PAYER: NCDMH DESCRIPTION DUPLICATE OF CLAIM-SYSTEM SERVICE FACILITY LOCATION IS N OT A VALID IPSS ATTENDING PROVIDER, OR THE NPI FURTHER PROCESSING NECESSARY,	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS
NUMBER PROVIDER NAME 3404901 SMOKY MOUNTAINM H/DD/SAS 3404904 WESTERN HIGHLAN DS LME 3404904 PATHWAYS 3404910 PATHWAYS 3404910 PATHWAYS 3404911 CATAWBA COUNTYN ENTAL HEALT 3404912 CATAWBA COUNTYN ENTAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT	EORS 21 8534 8600	DENIALS 1553 1151 361	DESCRIPTION DUPLICATE OF CLAIM-SYSTEM SERVICE FACILITY LOCATION IS N OT A VALID IRES ATTENDING PROVIDER, OR THE NPI FURTHER PROCESSING NECESSARY,	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS
UNMSER PROVIDER NAME 1404901 SMCKY MOUNTAINM 1404904 WESTERN HIGHLAN DS LME 1404910 PATHWAYS 1404911 CATAWBA COUNTYN ENTAL HEALT 1404913 MECKLENBURG COM ENTAL HEALT 1404916 CROSSROADS BEHA VIORAL HEAL	EORS 21 8534 8600	DENIALS 1553 1151 361	DUPLICATE OF CLAIM-SYSTEM SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING PROVIDER, OR THE NPI FURTHER PROCESSING NECESSARY,	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS
SMOKY MOUNTAINM H/DD/SAS BMOKY MOUNTAINM H/DD/SAS B404504 WESTERN HIGHLAN DS LME B404504 WESTERN HIGHLAN DS LME B404910 PATHWAYS B404912 CATAWBA COUNTYM ENTAL HEALT B404913 MECKLENBURG COM ENTAL HEALT B404916 CROSSROADS BEHA VIORAL HEAL GROSSROADS BEHA VIORAL HEAL B404917 CENTERPOINT HUM	21 8534 8800 3411	1553	DUPLICATE OF CLAIM-SYSTEM SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING PROVIDER, OR THE NPI FURTHER PROCESSING NECESSARY,	DENIALS	DENIALS	FINALIZED	
N/DD/SAS N/DD/S	8534 8800	1151	SERVICE FACILITY LOCATION IS N OF A VALID IPSS ATTENDING PROVIDER, OR THE NPI FURTHER PROCESSING NECESSARY,	4	3942	8814	
H/DD/SAS H/DD/SAS H049904 MESTERN HIGHLAN DS LME H04910 PATHWAYS H04911 CATAWBA COUNTYM ENTAL HEALT H04913 MECKLENBURG COM ENTAL HEALT H04914 CROSSROADS BEHA VIORAL HEALL	3411	361	OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI FURTHER PROCESSING NECESSARY,	4	3942	8814	
DS LME 3404910 PATHWAYS 3404912 CATAMBA COUNTYM ENTAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL VIORAL HEAL	3411	361	OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI FURTHER PROCESSING NECESSARY,	4	3942	8814	
3404910 PATHWAYS 3404912 CATAMBA COUNTYN ENTAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404914 CROSSROADS BEHA VIORAL HEAL 3404916 CROSSROADS BEHA VIORAL HEAL	3411	361	OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI FURTHER PROCESSING NECESSARY,	4	3942	8814	
3404910 PATHWAYS 3404912 CATAMBA COUNTYM ENTAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM	3411		ATTENDING PROVIDER, OR THE NPI FURTHER PROCESSING NECESSARY,				4872
3404910 PATHWAYS 3404912 CATAMBA COUNTYM ENTAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM	3411		FURTHER PROCESSING NECESSARY,	l			
3404910 PATHWAYS 3404912 CATAMBA COUNTYM ENTAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM	3411						-
3404910 PATHWAYS 3404912 CATAMBA COUNTYM ENTAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM		1570	PLEASE CHECK FOR CLAIM ON				
3404910 PATHWAYS 3404912 CATAMBA COUNTYM ENTAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM		11570	FUTURE RA'S.	<u> </u>			
3404910 PATHWAYS 3404912 CATAMBA COUNTYM ENTAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM							
3404910 PATHWAYS 3404912 CATAWBA COUNTYN ENTAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL VIORAL HEAL 3404917 CENTERPOINT HUM	8961	12370	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED				
3404912 CATAWRA COUNTYM ENTAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM	8961		BENEFIT SERVICES ON OR AFTER D				
3404912 CATAWRA COUNTYM ENTAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM	0301	696	ATTENDING PROVIDER NPI IS MIS				
3404912 CATAWEA COUNTYM ENTAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM		1050	SING. ATTENDING PROVIDER IS	0	3794	7916	4122
3404912 CATAWRA COUNTYM ENTAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM			TYPICAL. PLEASE RESUBMIT WITH				
3404912 CATAWEA COUNTYM ENTAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM	8326	468	ATTENDING PROVIDER NUMBER WAS				-
3404912 CATAWRA COUNTYM ENTAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM			NOT SUBMITTED ON				
3404912 CATAWRA COUNTYM ENTAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM		1	THIS CLAIM OR THE NPI SUBMITTE				
3404912 CATAWRA COUNTYM ENTAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM	8326	1513	ATTENDING PROVIDER NUMBER WAS	l			
SATAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSEROADS BEHA VIORAL HEALL 3404917 CENTERPOINT HUM			NOT SUBMITTED ON				
ENTAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEALL 3404917 CENTERPOINT HUM		+	THIS CLAIM OR THE NPI SUBMITTE	ļ			
SATAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSEROADS BEHA VIORAL HEALL 3404917 CENTERPOINT HUM	8800	336	FURTHER PROCESSING NECESSARY,	5	2106	7735	5629
SATAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSEROADS BEHA VIORAL HEALL 3404917 CENTERPOINT HUM			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
SATAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSEROADS BEHA VIORAL HEALL 3404917 CENTERPOINT HUM			FOTORE RG 5.				
SATAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSEROADS BEHA VIORAL HEALL 3404917 CENTERPOINT HUM	8534	118	SERVICE FACILITY LOCATION IS N				
SATAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSEROADS BEHA VIORAL HEALL 3404917 CENTERPOINT HUM		-	OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				
SATAL HEALT 3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSEROADS BEHA VIORAL HEALL 3404917 CENTERPOINT HUM		-		1			
3404913 MECKLENBURG COM ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM	8599	47	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM			BENEFIT PACKAGE.	 			
ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM							
SNYAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM	8326	40	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	0	129	3610	3481
ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM			THIS CLAIM OR THE NPI SUBMITTE				
ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM	7001	12	EXCEEDS THE ONE PER DAY LIMITA				
ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM	7001	+	TION				-
ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM							
ENTAL HEALT 3404916 CROSSROADS BEHA VIORAL HEAL 3404917 CENTERPOINT HUM	8326	1708	ATTENDING PROVIDER NUMBER WAS	 			
VIORAL HEAL VIORAL HEAL 3404917 CENTERPOINT HUM		+	NOT SUBMITTED ON	1			
VIORAL HEAL VIORAL HEAL 3404917 CENTERPOINT HUM			THIS CLAIM OR THE NPI SUBMITTE				
VIORAL HEAL VIORAL HEAL 3404917 CENTERPOINT HUM	8800	1574	FURTHER PROCESSING NECESSARY,		5807	17572	11765
VIORAL HEAL VIORAL HEAL 3404917 CENTERPOINT HUM			PLEASE CHECK FOR CLAIM ON				
VIORAL HEAL VIORAL HEAL 3404917 CENTERPOINT HUM			FUTURE RA'S.	ļ			
VIORAL HEAL VIORAL HEAL 3404917 CENTERPOINT HUM	79	1142	THIS SERVICE IS NOT PAYABLE TO				
VIORAL HEAL VIORAL HEAL 3404917 CENTERPOINT HUM			YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
VIORAL HEAL VIORAL HEAL 3404917 CENTERPOINT HUM		+		 			
3404917 CENTERPOINT HUM	8956	44	CLAIM SHOULD NOT CONTAIN BOTH				
		+	NPI AND BILLING PROVIDER NUMBER. BILLING PROVIDER NUMB	 			
	0	10			44	62	18
		+					
AN SERVICES	8505	5663	CLAIM DENIED DUE TO INSUFFICIE				
		 	NT BUDGET	<u> </u>			
	8800	95	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	6059	8003	1944
		+	FUTURE RA'S.	 			
	8599	74	DETAIL NOT COVERED BY COMBINAT				
			ION OF RECIPIENT, PROVIDER AND	 			
	0377		BENEFIT PACKAGE.				
3404919 GHILFORD CO MEN	0377	963	FURTHER PROCESSING NECESSARY,	-			
3404919 GUILFORD CO MEN TAL HEALTHC		1	PLEASE CHECK FOR CLAIM ON				
	8800		FUTURE RA'S.				
				ļ	1603	8945	7342
		179	CLIENT NOT ELIGIBLE ON SERVICE	1 ^	1003	8945	/342
	8800	179	CLIENT NOT ELIGIBLE ON SERVICE DATE	0			
	8800	179		0			
	8800	179		0			
	8800		DATE				

PROVIDER							TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404920	ALAMANCE CASWEL	8505	189	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		11	133	CLIENT NOT ELIGIBLE ON SERVICE	0	557	1252	695
				DATE				
	ļ		ļ					
		8326	62	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
	ORANGE PERSON C	11	360	CLIENT NOT ELIGIBLE ON SERVICE				
	HATHAM AREA			DATE				
		8505	14	CLAIM DENIED DUE TO INSUFFICIE	0	374	380	-
				NT BUDGET		3/4	380	
3404922	THE DURHAM CENT	8800	2127	FURTHER PROCESSING NECESSARY,				
	ER DURHAM CENT			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8326	1378	ATTENDING PROVIDER NUMBER WAS				
	-			NOT SUBMITTED ON	0	5704	9453	3749
				THIS CLAIM OR THE NPI SUBMITTE				
	-	21	1321	DUPLICATE OF CLAIM-SYSTEM				
2404007		11	70	CLIENT NOT ELIGIBLE ON SERVICE				
3404923	FIVE COUNTY MH	11	70	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	 		 					
		21	46	DUPLICATE OF CLAIM-SYSTEM	0	128	472	344
		8599	8	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE	8800	973	FURTHER PROCESSING NECESSARY,				
	R FOR MH/DD			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		21	258	DUPLICATE OF CLAIM-SYSTEM	8	1933	11042	9109
			-					
		8326	223	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
3404926	SOUTHEASTERN RE	8961	960	ATTENDING PROVIDER NPI IS MIS				
	G MENTAL HL			SING. ATTENDING PROVIDER IS				
				TYPICAL. PLEASE RESUBMIT WITH				
		8326	471	ATTENDING PROVIDER NUMBER WAS	0	1869	3860	1991
				NOT SUBMITTED ON				
	<u> </u>			THIS CLAIM OR THE NPI SUBMITTE				
		8536	122	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404927	CUMBERLAND CO M	11	111	CLIENT NOT ELIGIBLE ON SERVICE				
	HC HC			DATE				
	-	8505	99	CLAIM DENIED DUE TO INSUFFICIE				
	-	1	F	NT BUDGET	0	222	490	268
		8599	7	DETAIL NOT COVERED BY COMBINAT				
	-	0323	ľ	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404030		9505	1201	GUALM DENIED DUE TO THOUSENESS.				
3404930	JOHNSTON COUNTY	8505	1281	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	MNTL HLTHC							
		8957	165	CLAIM SHOULD NOT CONTAIN BOTH NPI AND ATTENDING	2	1982	4688	2706
	-			PROVIDER NUMBER. ATTENDING PR				
		8599	147	DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND				
		 						
			-	BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
	WAKE CO HUM SVC	8326	714	ATTENDING PROVIDER NUMBER WAS				
	WAKE CO HUM SVC BILLING OF	8326	714	ATTENDING PROVIDER NUMBER WAS				
				ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8326	714	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE CLAIM DENIED DUE TO INSUFFICIE		2362	5006	2644
				ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	7	2362	5006	2644
				ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE CLAIM DENIED DUE TO INSUFFICIE	7	2362	5006	2644
				ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET ATTENDING PROVIDER TYPE AND SP	7	2362	5006	2644
		8505	541	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE CLAIM DENIED DUE TO INSUFPICIE NT BUDGET	7	2362	5006	2644

PROVIDER	<u> </u>	HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404933	SOUTHEASTERN CT	8536	2695	ATTENDING PROVIDER TYPE AND SP				
	R FOR MH/DD			ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8505	2467	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	7873	10683	2810
		8326	2155	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404934	ONSLOW CARTERET	8326	1001	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
	BEHAV HEAL			THIS CLAIM OR THE NPI SUBMITTE				
		8505	452	CLAIM DENIED DUE TO INSUFFICIE	0	2512	4160	1648
				NT BUDGET		2312	1100	1010
		8536	407	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT				
			-	VALID FOR SUBMITTED BILLING PR				
3404935		0	0	*** NO DATA TO REPORT ***				
	WAYNE CO MENTAL HEALTH CTR							
		0	0		0	0	0	0
3404937	THE BEACON CENT	8532	236	SUBMITTED BILLING PROVIDER IS				
	ER			NOT ELIGIBLE FOR DATE OF SERVICE BILLED				
		9225	104					
		8326	184	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	1	800	5598	4798
				THIS CLAIM OR THE NPI SUBMITTE				
		8800	127	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404939	EAST CAROLINA B EHAVIORAL H	8800	467	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
	EHAVIORAL H			FUTURE RA'S.				
		8326	319	ATTENDING PROVIDER NUMBER WAS	0	987	5324	4337
				NOT SUBMITTED ON		307	3321	1337
			-	THIS CLAIM OR THE NPI SUBMITTE				
		21	103	DUPLICATE OF CLAIM-SYSTEM				
			 					
3404942		0	0	*** NO DATA TO REPORT ***				
	EAST CAROLINA B EHAVIORAL H							
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA	8326	466	ATTENDING PROVIDER NUMBER WAS				
	L HEALTH CE		-	THIS CLAIM OR THE NPI SUBMITTE				
		8961	320	ATTENDING PROVIDER NPI IS MIS				
		8901	1320	SING. ATTENDING PROVIDER IS	5	1251	2998	1747
				TYPICAL. PLEASE RESUBMIT WITH				
		3411	145	PROVIDER TYPE AND SPECIALTY 07				
			-	4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
2404		0205	1043					
3404944	EASTPOINTE HUMA N SERVICES	8326	1043	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8505	102	CLAIM DENIED DUE TO INSUFFICIE	0	1180	2565	1385
				NT BUDGET				
		79	17	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM	8963	297	ATTENDING PROVIDER NPI IS NOT				
3404946	ENTAL HEALT			NUMERIC. PLEASE RESUBMIT				
	<u> </u>	<u> </u>	 	WITH CORRECT NPI NUMBER.				
		3101	163	THE TAXONOMY CODE FOR THE ATTE NDING PROVIDER	0	849	1671	822
			-	NDING PROVIDER IS MISSING				
		8536	62	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404949	PIEDMONT BEHAVI	27	32454	DIAGNOSIS CODE MISSING OR INVA	 			
	ORAL HEALTH			LID. VERIFY AND ENTER THE CORRECT DIAGNOSTS CODE AND SUB				
	1	537	15621	PROCEDURE IS NOT COVERED FOR T	0	17809	254508 1	36699
	 			HIS DATE OF SERVICE	l			
				HIS DATE OF SERVICE				
		191	12802	HIS DATE OF SERVICE CLIENT ID NUMBER DOES NOT MATC				